

ND MISS. FORM P3, COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

PAGE 1

FILED

FEB 9 - 2018
 DAVID CREWS, CLERK
 BY _____
 Deputy

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPIWENDELL DUNCAN

Plaintiff

v.
 MISSISSIPPI Department of Corrections,
M.D.O.C. Delisha Hall, Dr. Suan Santos, Co-Scott, Shirley Harris
Mary Mr Jones Defendant ET AL.)

CASE NO.

4:18CV18-MPM-JMV

PRISONER'S COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT

1. The Plaintiff's full legal name, the name under which the Plaintiff was sentenced, the Plaintiff's inmate identification number, the Plaintiff's mailing address, and the Plaintiff's place of confinement are as follows:

A. Legal name:

Wendell Duncan

B. Name under which sentenced:

Wendell Duncan

C. Inmate identification number:

32126

D. Plaintiff's mailing address (street or post office box number, city, state, ZIP):

4/80-C

E. Place of confinement:

Parchman, MS38730

2. Plaintiff names the following person(s) as the Defendant(s) in this civil action:

Name:

Delisha Hall

Title (Superintendent, Sheriff, etc.):

Commissioner

Defendant's mailing address (street or post office box number, city, state, ZIP)

633 North State StreetJackson, MS 39202

Name: Doctor Juan Santos

Title (Superintendent, Sheriff, etc.): Doctor

Defendant's mailing address (street or post office box number, city, state, ZIP) unit-42 - Hospital
Parichman, MS 38738

Name: officer Scott

Title (Superintendent, Sheriff, etc.): Officer

Defendant's mailing address (street or post office box number, city, state, ZIP) unit-29
Parichman, MS 38738

Name: Mary Jones Officer

Title (Superintendent, Sheriff, etc.): Captain

Defendant's mailing address (street or post office box number, city, state, ZIP) unit-29
Parichman, MS 38738

(If additional Defendants are named, provide on separate sheets of paper the complete name, title, and address information for each. Clearly label each additional sheet as being a continuation of Question 2).

3. Have you commenced other lawsuits in any other court, state or federal, dealing with or pertaining to the same facts that you allege in this lawsuit or otherwise relating to your imprisonment? Yes No

4. If you checked "Yes" in Question 3, describe each lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuit(s) on separate sheets of paper; clearly label each additional sheet as being a continuation of Question 4.

A. Parties to the lawsuit:

Plaintiff(s): Wendell Duncan

Defendant(s): Joann Shivers

B. Court: Southern District Court C. Docket No.: 1:16-cv-005

D. Judge's Name: Habib S. Ozerden E. Date suit filed: 2-16-16

F. Date decided: 5-23-2016 G. Result (affirmed, reversed, etc.): As with Plaintiff

5. Is there a prisoner grievance procedure or system in the place of your confinement? Yes No

6. If "Yes," did you present to the grievance system the same facts and issues you allege in this complaint? (See question 9, below). Yes No

7. If you checked "Yes" in Question 6, answer the following questions:

ND MISS. FORM P3, COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

PAGE 3

A. Does the grievance system place a limit on the time within which a grievance must be presented? Yes No

B. If you answered "Yes," did you file or present your grievance within the time limit allowed? Yes No

C. The court must find that you exhausted the prison's grievance system and administrative remedies before it can consider this Complaint. State everything you did to present your grievance(s). Be specific. Include the date(s) on which you filed or presented your grievances to prison officers; identify the officer(s). State your claim(s) exactly.

(SEE ALL DOCUMENTS ATTACHED)

D. State specifically what official response your grievance received. If the prison provides an administrative review of the decision on your grievance, state whether you applied for that review and what the result was.

(SEE ALL DOCUMENTS ATTACHED)

Special Note: Attach to this Complaint as exhibits complete copies of all requests you made for administrative relief through the grievance system, all responses to your requests or grievances, all administrative appeals you made, all responses to your appeals, and all receipts for documents that you have.

8. If you checked "No" in Question 6, explain why you did not use the grievance procedures or system:

Grievance System Used

9. Write below, as briefly as possible, the facts of your case. Describe how each Defendant is involved. Write the names of all other persons involved. Include dates and precise places of events. Do not give any legal argument or cite any legal authority. If you have more than one claim to present, number each claim in a separate paragraph. Attach additional pages only if necessary; label attached pages as being continuations of Question 9.

The Plaintiff, who suffer from diabetes mellitus, a complex chronic illness with disabling long-term consequences, Duncan is receiving inadequate medical care by the medical staff of the Mississippi Department of Corrections, the Commissioner was inform of this action by way of an emergency Administrative Remedy, dated, 1-2-2018, see copy attached for proof, this action constitutes cruel and unusual punishment for Duncan to be denied adequate medical care for diabetes were a serious risk of substantial harm, and even death, as the result of the inadequate medical care that the department of Corrections provides, a diabetes suffer blurry vision, diabetic retinopathy, amputations of the toes, possible kidney damage recurrent hypoglycemia (low blood sugar) dizziness and pain, the lack of treatment exposes Duncan to the risk of blindness, amputations of feet and leg, kidney failure, nerve damage, pneumonia, strokes, heart attack and death, Duncan has filed a ARP for officer Scott, Capt. Mary Jones And Lt. Shirley Harris, denying Duncan to keep his medical issues for his sickness, see copy of ARP, dated, 12-29-2017, see the answer to ARP, dated, 12-29-2017, this ARP was rejected by the director of ARPs, see that document as Exhibit - 1-1-18, Duncan is in "imminent danger" from the

PAGE 5

Above Stated action of being denied all the above, alone with denied a special tray for a diabetics, alone with denied a pair of orthopedic foot wear, see all ARPs, attached of this action Duncan has taken, to Corrected this action of "imminent danger" See Exhibit 8-9-14-2015, Duncan began this treatment.

10. State briefly exactly what you want the Court to do for you. Do not make legal arguments. Do not cite legal authority.

I requestes relief under 18 USCA § 3626, Prospective Relief. Preliminary injunction, Preliminary relief, Prisoner release order, Punitive Damages, Future Damages and Demand for Trial with Attorney fee, the defendants are being sued in their individually and officials capacity as correction officers, for the State of mississippi.

This Complaint was executed at (location): 2-6-2018

and I declare or certify or verify or state under penalty of Perjury that this Complaint is true and correct.,

2-6-2018
DATE

Glendell Duncan
Plaintiff Signature

Duncan v. Mississippi, 136 S.Ct. 334 (Mem) (2015)
193 L.Ed.2d 241, 84 USLW 3196

136 S.Ct. 334
Supreme Court of the United States

Wendell DUNCAN, aka Wendell
Avery Duncan, petitioner,
v.
MISSISSIPPI.

No. 15-5726.

Oct. 13, 2015.

Synopsis
Case below, 170 So.3d 579.

Opinion
*335 Petition for writ of certiorari to the Court of Appeals of Mississippi denied.

All Citations

136 S.Ct. 334 (Mem), 193 L.Ed.2d 241, 84 USLW 3196

End of Document

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QUESTION #9
ATTACHMENT SHEET

Duncan has a pain in his left leg, that's been
Paining before he became a diabetic, He has
requested and requested for treatment, he has
not received no medical relief yet, alone with Duncan
has Cataracts in his eyes, Duncan has been without
glasses for 2 months, He has not received his glasses
or saw the eye doctor for some glasses, Duncan is
Surely in "imminent danger" with his eyes and is
a diabates.

Duncan is receiving inadequate medical care, that
constitutes cruel and unusual punishment in violation
of the Eight Amendment, that could cause Duncan
blindness And Death, this is "imminent danger".

2-6-2018

DATE

Wendell Jean #
32726

unit 30-C

Parchman, MS

38738

DATE: 1-2-2018

TO: Commissioner Pelisha Hall
633 North State Street
Jackson, MS
39201

COPI

FR: Mr. Wendell Duncan #32726
U/30-C
Parchman, MS
30738

This is A Request for Administrative Emergency Remedy

Request

I

Duncan is suffering from Diabetes Mellitus, a Complex Chronic illness with disabling long-term consequences, Duncan is receiving inadequate medical care by Doctor Juan Santos, He can not see he can only go by what the nurses tell him, this action constitutes cruel and unusual punishment for Duncan to be denied adequate medical care for diabetes were a serious risk of substantial harm and even death, as the result of the inadequate medical care, that the department of Corrections Provide a diabetic, Suffer blurry vision, Nerve damage, Strokes, heart attacks and death behind this inadequate medical care

Relief Requested

A. Order the doctors to stop disregarding medical treatment for my diabetes illness

B. If I Wendell Duncan receive further denied treatment for his diabetic, he will receive any and all damages for the denied treatment for diabetes.

C. Duncan is requesting Prospective Relief, Preliminary Relief, Prison Release Order, so Duncan can receive his medical care for any And all sickness with diabetic.

1-2-2018
DATE

Wendell Duncan #32726

2017-12-29
To: ALP's Director Richard Pennington
P.O. Box 609

Parchman, MS 38738

At: M Wendell Duncan #32726

41 30-C

Parchman, MS 38738

Copied

This is A Request for A Administrative
Remedy

I

On the 11-29-2017, upon transitioning from unit-29 to unit-30, officer Scott alone with Supervisor Mary Jones was Shaking down inmates property, When officer Scott alone with Supervisor Jones discarded a lot of Personal things alone with medical Needed things, like Knee Braces for both of my knees and T.O. Hoses and A bandage, I shown both of them, I had 18 pins in my leg, either one never excepted that and gave my medical issuers back.

I I.

officer Scott and Capt Mary Jones, discarded some of my legal documents and mixed them up, as I look for some of my documents needed in my Pending Case, I can not find the documents, they were some of the paper-work was discarded, this action placed me in "imminent danger," because these documents are needed and I can not pay for them from the Court or receive a copy of some of the documents, some of the paper-work was ready for the Court, but it was discarded.

I I I.

I informed Capt. Mary Jones, that she knows me from unit -32-A-Building where she worked at and she knows, I will write her up, she said you have never won anything, I am not worry about you, then came Shirley Davis, she said, yes we

Will do you like that, because Reunen you will
not win anything, I beat you in Court, when
you had me in Court that time, I Saided okay
then she Saided, them boys are waiting on you
when you get out too Wardell, I Saided, "What
boys, she Saided my Boys.

Relief Requested

A. I am requesting to be compensated for the
above in the sum of 2,500 from all the above
officers.

B. I am requesting officer Scott, be relieved of
her job for her actions of knowing what she was doing
and did it because she was a officer and I was a
inmate, she was in Court.

C. I would like Capt. Jones, to pay for her actions as
the supervisor of these officers I would like 2,500.00 from
her for my legal document being discarded by the officers

D. I am requesting St. Shirley Davis Pay for her
Retaliations in the sum of \$100,000,000.00 and
what she said about the Court and when I am
released, that's imminent danger she has put me ~~in~~
With her remark.

12-29-2017
DATE

Wendell Davis
4/30-C

COPY

CODE: 700

ARP-1

MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program

MSP-18-0012

First Step Respondent: N/A
Location:

REJECTED

Offenders' Name and No: WENDELL DUNCAN #32726
Unit: 30C

Date of incident: 11/29/2017 OT-159

ACCEPTED: This request comes to you from the Administrative Remedy Program Director. See the attached request from the offender. **Please return your response to this office within 30 days of this date.**

REJECTED: Your request has been rejected for the following reason(s):

- Relief is beyond the power of the Mississippi Department of Corrections to grant.
- The complaint concerns an action not yet taken or a decision which has not yet been made.
- There has been a time lapse of more the fifteen (15) days between the **RVR** and the initial request: Incident happened on __; received in this office on __.
- There has been a time lapse of more the thirty (30) days between the event and the initial request: Incident happened on __; received in this office on __.
- The Mississippi Department of Corrections does not handle Parole Board matters.

Other: Relief is beyond the power of ARP to grant.



Director of Administrative Remedy Program

11/11/18
Date

[EXHIBIT 1-11-18]

Mississippi Department of Corrections
Medical Service Request Form

Section 1. To be completed by the inmate

Type of Request (mark with "x")

Medical Dental Psych Medication Refill

Date & Time Stamp-Received by Medical

Inmate Name Wendell DuncanMDOC Number 32126Date 1-16-2010Location (Facility, Bldg, Zone) MSP 4/30-A#100

Service Requested: (To better serve you, please be as specific as possible)

When will I be treated for this diabetic Nerve Pain,
Where I been having 4 years? FOLLOW-up

I understand a Co-Pay will be applied, as noted in
the Inmate Handbook and MDOC policy. My refusing
to be seen for a scheduled visit will result in an RVR.

Inmate Signature Wendell DuncanMDOC Number 32126**Section 2. Medical Services**

____ Weight _____ Temp _____ B/P _____ Pulse _____ Resp. _____ O₂Sat.

Subjective _____

COPY

Objective _____

Assessment _____

Plan _____

Referral to: Mid Level Physician Dental Mental Health NA

Signature of Medical Personnel _____

Title of Medical Personnel _____

Date _____

Section 3. Co-Pay (Mark appropriate box with X)

Sick Call Charge (Inmate initiated non-emergency visit for Medical, Dental, or Mental Health \$6.00)

No show for Sick Call Visit (\$6.00)
 No show for Chronic Care Clinic (\$6.00)
 No show for On-Site Specialists Visit (\$10.00)
 No show for Off Site Visit (\$10.00)

No Charge - Reason for no charge _____

Inmate or Witness Signature _____

Inmate MDOC# _____

Medical Personnel Printed Name & Initials _____

Date of Service _____

Comm. Bernisha Hall Date: 1-9-2018

To: ARPS Director Richard Pennington

P.O. Box 609
Parchman, MS
38738

Off:

From: Mr. Wendell Duncan #32726
430-C
Parchman, MS
38738

THIS IS A REQUEST FOR A
ADMINISTRATIVE REMEDY

[redacted]

STATEMENT OF THE CASE

I.

ON the 12-12-2017, I was called to unit 30- clinic for a Sick-call, Duncan requested to see the doctor for a, New pair of diabetic shoes, Because it has been a year and the shoes has wore-out.

II.

Dr. Santos denied me the shoes, saying my health was good and I did not need any shoes, I Said Dr. Santos my shoes has wore-out, he still would not order me over

another pair.

Relief Requested

A. I am requesting another pair diabetes shoes like all other diabetes.

B. I would like this relief at the first step response, Because I am in "imminent danger" for these shoes and I dismissed my other ARPs for this ARP to start with relief at the first step responder.

1/9/2018
DATE

Wendell Duncan #32726
4/30-C
Parchman, MS
38738



STATE OF MISSISSIPPI
DEPARTMENT OF CORRECTIONS
PELICIA HALL
COMMISSIONER

AUDREY MCAFEE
DEPUTY ADMINISTRATOR

ADMINISTRATION
(601) 359-5636

January 10, 2018

Inmate: Wendell Duncan #32726
Unit: 30C

RE: Emergency Request

You filed a complaint to the Administrative Remedy Program requesting emergency review of your complaint. Emergency grievances shall be defined as matters regarding which disposition according to the regular time limits would:

- (a) subject the inmate to a substantial risk of personal injury;
- (b) cause other serious and irreparable harm to the inmate; or
- (c) remove the attainability of the requested action.

I do not find that this issue meets the criteria for emergency review so I am returning it to you for submission as a regular ARP for consideration.

You will have five (5) days from the receipt of this response to submit your issue to the ARP department at your housing facility, for consideration, as a non-emergency issue.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Pennington".

R. Pennington, Director
Administrative Remedy Program

Pc: RP
File

SIGNATURE OF MEDICAL STAFF MEMBER

D C [initials]

OTHER: *See - medical by provider as 1/26/18.*

-- You need a specific complaint on your sick call request.

If your labs/x-rays are abnormal, you will be scheduled for a routine follow up appointment. Any chronic care labs/x-rays will be discussed with you at your next chronic clinic visit.

Continuation of your medication(s) require that you be re-evaluated. An appointment has been made. You will not receive medication until you are re-evaluated.

Creams, ointments, lotions, and shampoo are not refilled. You must place a sick call request to be seen by a provider for a specific request.

Narcotics are not refilled. You must place a sick call request to be seen by a provider for a specific request.

Antibiotics are not refilled. You must place a sick call request to be seen by a provider for a specific request.

Multiple departments- Medical, Dental, Psychiatry are separate departments and you may only request the service of only one department per sick call request.

Your request in being returned for one or more of the following reasons:

SUBJECT: SICK CALL REQUEST SUBMITTED *1/24 X 2*

FROM: CLINIC

TO: INMATE *Wm. W. Dunn*

MDOC# / UNIT *3272C 32 C*

MEDICAL/DENTAL DEPARTMENT

MISSISSIPPI DEPARTMENT OF CORRECTIONS

A. J. Col

MISSISSIPPI DEPARTMENT OF CORRECTIONS
MEDICAL/DENTAL DEPARTMENT

TO: Wendell Duncan

32726 30C

INMATE

MDOC# / UNIT

FROM: CLINIC

SUBJECT: SICK CALL REQUEST SUBMITTED 12/28

Your request is being returned for one or more of the following reasons:

- Multiple departments- Medical, Dental, Psychiatry are separate departments and you may only request the service of only one department per sick call request.
- Antibiotics are not refilled. You must place a sick call request to be seen by a provider for a specific request.
- Narcotics are not refilled. You must place a sick call request to be seen by a provider for a specific request.
- Creams, ointments, lotions, and shampoo are not refilled. You must place a sick call request to be seen by a provider for a specific request.
- Continuation of your medication(s) _____ require that you be re-evaluated. An appointment has been made. You will not receive medication until you are re-evaluated.
- If your labs/x-rays are abnormal, you will be scheduled for a routine follow up appointment. Any chronic care labs/x-rays will be discussed with you at your next chronic clinic visit.
- You need a specific complaint on your sick call request.

OTHER: Seen by Provider on 12/21, "No indication for knee brace."



SIGNATURE OF MEDICAL STAFF MEMBER

MEDICAL FOLLOW-UP FORM

NAME Duncan Wendell MSP# 32724 UNIT D2

LAY-IN Received cane

CHANGE IN WORK CLASS wears brace on (R) leg

DATE 4/21/06

RETURN APPT. DATE Wendell cane

PROCEDURE Worn cane

DR. Wendell

DATE 1-9-2018

To: APP's R. Pennington
Parole 609

CD 81

Re: Mr. Wendell Duncan #32126
478-C

EMERGENCY

THIS IS A REQUEST FOR A-
ADMINISTRATIVE REMEDY

STATEMENT OF THE CASE

I,

I am a diabetic and I need me 2 pair
of state issued shoes, I have not received
2 pair since I been housed here in MFB
the shoe I have now are hurting my feet this is
"imminent danger." Relief Requested

As I would like 2 pair of state issued

Shoe my ^{2nd} Issuer.
1-9-2018
DATE

Wendell Duncan
478-C

Patient Information For: WENDELL DUNCAN
 Housing Loc: SMCI, SMCI 1, BLD 10, ZONE B, BED 0153

MDOC#: 32726

Diabetes

** Metformin 500mg
 1.tablet - 2 times
 a day*

DIABETES

What is Diabetes?

It's a condition that makes it hard for the body to convert food into energy. This happens when an internal organ called the **pancreas** doesn't operate normally. It doesn't produce enough **insulin** that the body needs to change the food we eat into sugar (**glucose**) that give us energy.

** Accucheks
 twice a day*

There are several forms of diabetes. People with **Type 1 diabetes** do not produce any insulin. They have to receive insulin for the rest of their lives. People with **Type 2 diabetes** have a pancreas that makes either not enough insulin or has trouble using the insulin it does make. Both of these conditions cause people to have **high blood sugar**. High blood sugar is the key sign in untreated diabetes.

Could You Have Diabetes?

Diabetes can cause the following symptoms:

- Intense thirst
- A frequent need to urinate
- Extreme hunger
- Rapid weight loss
- Nausea or vomiting
- Blurred vision
- Pain, numbness or tingling in the hands or feet
- A lack of energy

See your health care provider if you have any of these symptoms.

Are You At Risk?

Type 1 diabetes usually begins at an early age. This is typically an inherited condition and there are no known ways to prevent Type 1 diabetes.

"EXHIBIT-9-14-2015"

Patient Information For: WENDELL DUNCAN **MDOC#:** 32726
Housing Loc: SMCI, SMCI 1, BLD 10, ZONE B, BED 0153

Diabetes

On the other hand, Type 2 diabetes has several risks factors. Some of these risk factors are genetic so you have little control over them. These include:

- Age—If you're over 45, you have a greater risk.
- Heredity—If a parent or sibling has diabetes, you have a greater chance of developing the disease.
- Ethnicity—There are some minority groups that are at higher risk than others, for reasons that are unknown. These groups include African-Americans, Asians, Hispanics and Native Americans.

Risk Factors You Can Control

Even though you may have a higher risk because of your age, ethnicity or heredity, you can lower your risk in the following ways:

- ~~Exercise regularly~~
- Lose weight
- Eat more healthfully (~~eat fewer carbohydrates, fat, and sugar~~ and ~~eat more fiber~~)

How Can I Manage Diabetes?

If you have diabetes, it is possible to control it through diet and exercise. If your blood sugar levels are still too high, you may have to take medication to lower it. Medication is not a substitute for healthy eating, weight control, and exercise.

Medications

There are two types of medications used to control high blood sugar levels:

Insulin

Insulin is an injected drug and is always prescribed for Type 1 diabetes. It can also help with Type 2 diabetes. A health care provider will prescribe this medication and tell you how often to take it.

Patient Information For: WENDELL DUNCAN **MDOC#:** 32726
Housing Loc: SMCI, SMCI 1, BLD 10, ZONE B, BED 0153

Diabetes

Pills

Diabetic pills may be prescribed for Type 2 diabetes. Sometimes, these pills, either alone or when used with other treatments, may lower your blood sugar too much. Be sure to test your blood sugar regularly and let your doctor know if you often have blood sugar that is too low.

Low and High Blood Sugar

Blood Sugar Can Fall

If you use medications to help you control your blood sugar, your blood sugar level may drop too low from time to time. This can be caused by:

- ~~Eating less or later than usual~~
- Being more active than usual
- Taking too much medication

~~Low blood sugar can make you feel shaky, sleepy, sweaty, irritable, confused, hungry, dizzy, or restless during nighttime sleep.~~

Treatment: ~~Drink or eat something sugary or sweet (hard candy, fruit juice, etc.) right away.~~

Blood Sugar Can Rise

Blood sugar can also rise in any person with diabetes. This can be caused by:

- Eating too much food
- Being less active than usual
- Being ill or under stress
- Taking too little medication

Treatment: Drink water or other sugarless fluids – and see a health care provider right away.

Living with Diabetes

- Understand diabetes and know its symptoms.
- Have regular check-ups – especially if you are at higher risk.

South Mississippi Correctional Institution
22689 Highway 63 North PO Box 1419 Leakesville, MS 39451
Phone: 601-394-5600 x-1357 Fax: 601-294-4898

September 14, 2015
Page 4

Patient Information For: WENDELL DUNCAN MDOC#: 32726
Housing Loc: SMC1, SMC1 1, BLD 10, ZONE B, BED 0153

Diabetes

- Maintain a healthy balance between healthy eating, exercise and weight control.
- Monitor your blood sugar levels.

If you have diabetes, it is very important to keep your blood sugar levels within a normal range. If you have further questions, talk to your health care provider.

This handout was adapted from the following sources:

"Frequently Asked Questions: Facts About Diabetes." Center for Disease Control, National Center for Chronic Disease Prevention and Health Promotion. October 14, 2004. <http://www.cdc.gov/diabetes/faq/basics.htm> (accessed Dec. 16, 2004)

"The Facts About Diabetes." Net Wellness®, Consumer Health Information. September 14, 2004. <http://www.netwells.org/healthtopics/diabetes> (accessed Dec. 29, 2004)

"Diabetes." Arizona Department of Corrections, Inmate Wellness Program. April 2, 1998.

ENDING PAGE

"EXHIBIT 9-14-2015"

Mr. Wendell Dun Can # 32726
4130-C



Parchmen MS

38738

MISSISSIPPI STATE PENITENTIARY
INMATE LEGAL ASSISTANCE PROGRAM
POST OFFICE BOX 0
PARCHMAN, MS 38738

RECEIVED

FEB 01 2018

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF

STATE POSTAGE PAID
INMATE LEGAL MAIL
MISSISSIPPI STATE PENITENTIARY
PARCHMAN, MS 38738
THE ENCLOSED LETTER WAS NOT
INSPECTED BY THE WRITER ENCLOSED
MAIL NOT CERTAIN IF IT WAS
EVER RECEIVED OR OPENED
BY THE ADDRESSEE OR FORWARDING
TO ANOTHER ADDRESS
PLEASE RETURN THE ENCL.

Pro Se Law Clerk, US. District Court
301 W. Commerce St. # 13

Aberdeen, MS
39730